

<b>Case Number:</b>	CM15-0197846		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/22/2008
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 year old female who sustained a work-related injury on 6-22-08. Medical record documentation on 7-28-15 revealed the injured worker was being treated for status post right hip total hip replacement on 10-6-14, left hip trochanter bursitis-sprain, lumbar spine sprain-strain with bilateral lower extremities radiculopathy, and plantar fasciitis. She reported left hip pain and lumbar spine pain. Objective findings included a positive Fabere's and positive Trendelenburg test of the left hip. She ambulated with a walker and ambulated with increased weight on the right lower extremity. She had severe tenderness to palpation over the greater trochanteric bursa and tenderness to palpation over the bilateral lumbar paravertebral muscles with spasm. Her left hip range of motion was flexion to 45 degrees, extension to 15 degrees, abduction to 18 degrees, adduction to 10 degrees, internal rotation to 22 degrees and external rotation to 20 degrees. She had decreased active range of motion of the lumbar spine. An x-ray of the left hip on 6-24-15 was documented by the evaluating physician as being within normal limits. On 9-30-15, the Utilization Review physician determined eight (8) aquatic therapy sessions two times per week for four weeks for the lumbar spine and the left hip was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**8 aquatic therapy sessions, two times a week for four weeks, lumbar spine, left hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

**Decision rationale:** The MTUS Guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight-bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The Guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis and nine to ten visits over eight weeks for treatment of myalgias. The submitted and reviewed documentation indicated the worker was experiencing hip and joint pain with spasm, sore muscles, stomach discomfort with nausea, problems walking, depressed mood, problems sleeping, headaches, problems thinking, weight gain, chest pain, problems breathing, palpitations, and constipation. The documented pain assessments were minimal and contained few of the elements encouraged by the Guidelines. There was no discussion describing a reason aqua therapy was expected to be more beneficial than a home exercise program. In the absence of such evidence, the current request for eight sessions of aqua therapy for the lower back and left knee done twice weekly for four weeks is not medically necessary.